

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/foi990](http://www.irs.gov/foi990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>FREEDOM VOTE INC  |  | <b>D</b> Employer identification number<br>27-3004397 |
|  | Doing business as  |  | <b>E</b> Telephone number<br>(937) 222-0131           |
|  | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>131 NORTH LUDLOW STREET No 315 | City or town, state or province, country, and ZIP or foreign postal code<br>DAYTON, OH 45402   | <b>G</b> Gross receipts \$ 4,375,484                  |
| <b>F</b> Name and address of principal officer<br>JAMES S NATHANSON<br>131 NORTH LUDLOW STREET SUITE 315<br>DAYTON, OH 45402   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |   |
| <b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |   |
| <b>J</b> Website: ▶ WWW.FREEDOMVOTE.NET  |  | <b>H(c)</b> Group exemption number ▶   |   |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L</b> Year of formation 2010  | <b>M</b> State of legal domicile OH                   |

**Part I Summary**

|  |   |                           |              |
|--|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE PEOPLE OF OHIO |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets             |                           |              |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 1            |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 1            |
|  | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>                  | 0            |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 0            |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   | 0                         |              |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 28,000                    | 4,375,000    |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0                         | 484          |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0                         | 0            |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 28,000                    | 4,375,484    |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 1,500                     | 2,035,000    |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0                         | 0            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 27,000                    | 27,000       |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                         | 35,000       |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,440   |                           |              |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 30,078                    | 1,478,475    |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 58,578  | 3,575,475                 |              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | -30,578   | 800,009                   |              |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 19,042                    | 819,051      |
|  | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 0                         | 0            |
|  |   | 19,042                    | 819,051      |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |                                     |                    |   |                   |
|-------------------------------|--|-------------------------------------|--------------------|---|-------------------|
| <b>Sign Here</b>              | *****<br>Signature of officer  | 2017-08-14<br>Date                  |                    |   |                   |
|                               | James S Nathanson EXECUTIVE DIRECTOR<br>Type or print name and title |                                     |                    |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>John T Lind                            | Preparer's signature<br>John T Lind | Date<br>2017-08-14 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00099011 |
|                               | Firm's name ▶ CLARK SCHAEFER HACKETT & CO                            |                                     |                    | Firm's EIN ▶ 31-0800053                         |                   |
|                               | Firm's address ▶ 1 East 4th Street<br>Cincinnati, OH 45202           |                                     |                    | Phone no (513) 241-3111                         |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE PEOPLE OF OHIO

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 3,505,133 including grants of \$ 2,035,000 ) (Revenue \$ )  
See Additional Data







**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 3,505,133

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  . . . . .   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  . . . . .  | Yes |    |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  |     |    |
| <b>5</b>   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>  . . . . . |     | No |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .                 |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .  |     | No |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .   |     | No |
| <b>b</b>   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   |     | No |
| <b>c</b>   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   |     | No |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .   |     | No |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .  |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .   |     | No |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .     |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .            | Yes |    |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  |     | No |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES S NATHANSON 131 NORTH LUDLOW STREET SUITE 315 DAYTON, OH 45402 (937) 222-0131





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|---|--|--|--|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>  |  |  |   |   |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>  |  |  |   |   |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>   |  |  |   |   |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>  |  |  |   |   |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>  |  |  |   |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and<br>similar amounts not included above <b>1f</b>  | 4,375,000  |  |   |   |  |
|   | <b>g</b>   | Noncash contributions included in lines<br>1a-1f \$  |  |  |   |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  | 4,375,000  |  |   |   |  |
| <b>Program Service Revenue</b>                                    | <b>2a</b>  | _____ Business Code  |  |  |   |   |  |
|   | <b>b</b>   | _____  |  |  |   |   |  |
|   | <b>c</b>   | _____  |  |  |   |   |  |
|   | <b>d</b>   | _____  |  |  |   |   |  |
|   | <b>e</b>   | _____  |  |  |   |   |  |
|   | <b>f</b>   | All other program service revenue  |  |  |   |   |  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |  |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶  | 484  |  |   | 484   |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . ▶   |  |  |   |   |  |
|   | <b>5</b>   | Royalties . . . . . ▶  |  |  |   |   |  |
|   | <b>6a</b>  | Gross rents  | (i) Real   |  |   |   |  |
|   |  |  | (ii) Personal  |  |   |   |  |
|   |  |  | <b>b</b> Less rental expenses                                |  |   |   |  |
|   |  |  | <b>c</b> Rental income or (loss)                             |  |   |   |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶  |  |  |   |   |  |
|   | <b>7a</b>  | Gross amount from sales of assets other than inventory   | (i) Securities   |  |   |   |  |
|   |  |  | (ii) Other   |  |   |   |  |
|   |  |  | <b>b</b> Less cost or other basis and sales expenses         |  |   |   |  |
|   |  |  | <b>c</b> Gain or (loss)                                      |  |   |   |  |
|   | <b>d</b>   | Net gain or (loss) . . . . . ▶   |  |  |   |   |  |
|   | <b>8a</b>  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |  |   |   |  |
|   |  |  | <b>b</b> Less direct expenses . . . . . <b>b</b>             |  |   |   |  |
|   |  |  | <b>c</b> Net income or (loss) from fundraising events . . ▶  |  |   |   |  |
|   | <b>9a</b>  | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |  |   |   |  |
|   |  |  | <b>b</b> Less direct expenses . . . . . <b>b</b>             |  |   |   |  |
|   |  |  | <b>c</b> Net income or (loss) from gaming activities . . . ▶ |  |   |   |  |
|   | <b>10a</b>   | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |  |  |   |   |  |
| <b>b</b> Less cost of goods sold . . . . . <b>b</b>               |  |  |  |  |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . ▶       |  |  |  |  |   |   |  |
| Miscellaneous Revenue   |  | Business Code  |  |  |   |   |  |
| <b>11a</b>  | _____  |  |  |  |   |   |  |
| <b>b</b>  | _____  |  |  |  |   |   |  |
| <b>c</b>  | _____  |  |  |  |   |   |  |
| <b>d</b>  | All other revenue . . . . .                        |  |  |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |  |  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶ | 4,375,484  | 0  | 0  | 484                                     |   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 2,035,000                    | 2,035,000                              |   |                                    |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 27,000                       | 6,750                                  | 6,750   | 13,500                             |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages . . . . .  |                              |  |   |                                    |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                              |  |   |                                    |
| <b>9</b>  | Other employee benefits . . . . .   |                              |  |   |                                    |
| <b>10</b>   | Payroll taxes . . . . .   |                              |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .   | 17,648                       | 13,236                                 | 4,412   |                                    |
| <b>c</b>  | Accounting . . . . .  | 4,393                        |  | 4,393   |                                    |
| <b>d</b>  | Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17 . . . . .   | 35,000                       |  |   | 35,000                             |
| <b>f</b>  | Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b>  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 220,000                      | 216,500                                |   | 3,500                              |
| <b>12</b>   | Advertising and promotion . . . . .   | 2,500                        | 2,500                                  |   |                                    |
| <b>13</b>   | Office expenses . . . . .   | 880                          | 220                                    | 220   | 440                                |
| <b>14</b>   | Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b>   | Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   |                              |  |   |                                    |
| <b>17</b>   | Travel . . . . .  |                              |  |   |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| <b>20</b>   | Interest . . . . .  |                              |  |   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   |                              |  |   |                                    |
| <b>23</b>   | Insurance . . . . .   | 1,413                        |  | 1,413   |                                    |
| <b>24</b>   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                              |  |   |                                    |
| <b>a</b>  | issue Advocacy . . . . .  | 1,121,077                    | 1,121,077                              |   |                                    |
| <b>b</b>  | Research . . . . .  | 109,850                      | 109,850                                |   |                                    |
| <b>c</b>  | Bank Charges . . . . .  | 714                          |  | 714   |                                    |
| <b>d</b>  |   |                              |  |   |                                    |
| <b>e</b>  | All other expenses . . . . .  |                              |  |   |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 3,575,475                    | 3,505,133                              | 17,902  | 52,440                             |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |   | (A)               |           | (B)         |
|---|---|-------------------|-----------|-------------|
|   |   | Beginning of year |           | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 19,042            | <b>1</b>  | 619,100     |
|   | <b>2</b> Savings and temporary cash investments . . . . .   |                   | <b>2</b>  | 199,951     |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                   | <b>3</b>  |             |
|   | <b>4</b> Accounts receivable, net . . . . .   |                   | <b>4</b>  |             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                   | <b>5</b>  |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                   | <b>6</b>  |             |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                   | <b>7</b>  |             |
|   | <b>8</b> Inventories for sale or use . . . . .  |                   | <b>8</b>  |             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  |                   | <b>9</b>  |             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b>        |           |             |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b>        |           | <b>10c</b>  |
|   | <b>11</b> Investments—publicly traded securities . . . . .  |                   | <b>11</b> |             |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                   | <b>12</b> |             |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                   | <b>13</b> |             |
|   | <b>14</b> Intangible assets . . . . .   |                   | <b>14</b> |             |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   |                   | <b>15</b> |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |   | 19,042            | <b>16</b> | 819,051     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   |                   | <b>17</b> |             |
|   | <b>18</b> Grants payable . . . . .  |                   | <b>18</b> |             |
|   | <b>19</b> Deferred revenue . . . . .  |                   | <b>19</b> |             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                   | <b>20</b> |             |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                   | <b>21</b> |             |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                   | <b>22</b> |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                   | <b>23</b> |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                   | <b>24</b> |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  |                   | <b>25</b> |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  |                   | 0         | <b>26</b>   |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |           |             |
|   | <b>27</b> Unrestricted net assets . . . . .   |                   | <b>27</b> |             |
|   | <b>28</b> Temporarily restricted net assets . . . . .   |                   | <b>28</b> |             |
|   | <b>29</b> Permanently restricted net assets . . . . .   |                   | <b>29</b> |             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>  |                   |           |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  | 0                 | <b>30</b> | 0           |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   | 0                 | <b>31</b> | 0           |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  | 19,042            | <b>32</b> | 819,051     |
| <b>33</b> Total net assets or fund balances . . . . .                         | 19,042  | <b>33</b>         | 819,051   |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 19,042  | <b>34</b>         | 819,051   |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 4,375,484 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 3,575,475 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 800,009   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 19,042    |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 819,051   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | No |
| <b>2c</b> | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-3004397

**Name:** FREEDOM VOTE INC

## Form 990, Part III, Line 4a

---

**4a** (Code ) (Expenses \$ 3,505,133 including grants of \$ 2,035,000 ) (Revenue \$ )

PROVIDED EDUCATION TO THE OHIO PUBLIC REGARDING ECONOMIC POLICY ISSUES, INCLUDING STATE AND LOCAL GOVERNMENT FISCAL RESPONSIBILITY, JOB GROWTH AND RETENTION, AND EMPLOYMENT

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**SCHEDULE C  
(Form 990 or  
990-EZ)**

**Political Campaign and Lobbying Activities**

**2015**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization  
FREEDOM VOTE INC

Employer identification number

27-3004397

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 1,744,267
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 44,267
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 1,700,000
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 1,744,267
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name                              | (b) Address                          | (c) EIN    | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---------------------------------------|--------------------------------------|------------|---|--|
| (1) Fighting For Ohio Fund (SuperPac) | PO Box 26141<br>Alexandria, VA 22313 | 47-3156233 | 1,700,000   |  |
| 2                                     |                                      |            |   |  |
| 3                                     |                                      |            |   |  |
| 4                                     |                                      |            |   |  |
| 5                                     |                                      |            |   |  |
| 6                                     |                                      |            |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check  if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals****(b) Affiliated group totals****1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? **Y e s**  **N o****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | <b>(a)</b> 2012 | <b>(b)</b> 2013 | <b>(c)</b> 2014 | <b>(d)</b> 2015 | <b>(e)</b> Total |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                             |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                             |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                            |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                        |                 |                 |                 |                 |                  |



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ  
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
FREEDOM VOTE INC

**Employer identification number**  
27-3004397

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations                          | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser)                  | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|--|---|
|  |               | Yes  | No |                                   |  |   |
| 1<br>MMM Consulting<br>219 Western Avenue<br>S624<br><br>Allston, MA 02134 | Fundraising   |  | No | 2,125,000                         | 35,000   | 2,090,000   |
| 2  |               |  |    |                                   |  |   |
| 3  |               |  |    |                                   |  |   |
| 4  |               |  |    |                                   |  |   |
| 5  |               |  |    |                                   |  |   |
| 6  |               |  |    |                                   |  |   |
| 7  |               |  |    |                                   |  |   |
| 8  |               |  |    |                                   |  |   |
| 9  |               |  |    |                                   |  |   |
| 10   |               |  |    |                                   |  |   |
| <b>Total</b>   |               |  |    | 2,125,000                         | 35,000   | 2,090,000   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

.....

.....

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                        |   | (a)Event #1  | (b)Event #2  | (c)Other events | (d)   |
|------------------------|---|--------------|--------------|-----------------|---|
|                        |   | (event type) | (event type) | (total number)  | Total events<br>(add col (a) through col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .   |              |              |                 |   |
|                        | <b>2</b> Less Contributions . . . . .   |              |              |                 |   |
|                        | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |              |              |                 |   |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .  |              |              |                 |   |
|                        | <b>5</b> Noncash prizes . . . . .   |              |              |                 |   |
|                        | <b>6</b> Rent/facility costs . . . . .  |              |              |                 |   |
|                        | <b>7</b> Food and beverages . . . . .   |              |              |                 |   |
|                        | <b>8</b> Entertainment . . . . .  |              |              |                 |   |
|                        | <b>9</b> Other direct expenses . . . . .  |              |              |                 |   |
|                        | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |              |              |                 |   |
|                        | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |              |              |                 |   |

**Part III Gaming.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |   | (a)Bingo  | (b)Pull tabs/Instant bingo/progressive bingo                        | (c)Other gaming | (d)  |
|---|---|---|---|-----------------|--|
|   |   |   |   |                 | Total gaming (add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross revenue . . . . .                                    |   |   |                 |  |
| <b>Direct Expenses</b>  | <b>2</b> Cash prizes . . . . .                                      |   |   |                 |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                 |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                 |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                 |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |                 |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶       |   |   |   |                 |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶ |   |   |   |                 |  |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

|          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization FREEDOM VOTE INC

Employer identification number

27-3004397

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |
|  |                                 |                                 |  |  |   |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| Part I, Line 2          | The Organization monitors the grants through communications with the recipient organization |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-3004397  
**Name:** FREEDOM VOTE INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Fighting FOR Ohio Institute<br>601 Pennsylvania Ave NW<br>North Bldg<br>suite 1000<br>Washington, DC 20004 | 47-4371350     | 501(c)(4)                            | 75,000                          |  |  |   | Restricted grant                          |
| A Public Voice<br>354 St Andrews Dr<br>Dublin, OH 43017  | 45-5348055     | 501(c)(4)                            | 260,000                         |  |  |   | Restricted grant                          |
| Fighting For Ohio Fund (SuperPac)<br>PO Box 26141<br>Alexandria, VA 22313                                  | 47-3156233     | 527                                  | 1,700,000                       |  |  |   | General Support                           |

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
FREEDOM VOTE INC**Employer identification number**

27-3004397

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 11 | THE ORGANIZATION'S POLICY IS TO SUBMIT A DRAFT OF THE ANNUAL FORM 990 AND RELATED SCHEDULE S AND FORMS TO THE BOARD OF DIRECTORS PRIOR TO FILING THE FORM 990 WITH THE IRS OFFICIAL ACTION BY THE BOARD IS NOT REQUIRED IN ORDER FOR FORM 990 TO BE FILED, BUT EACH BOARD MEMBER IS ENCOURAGED TO REVIEW AND APPROVE THE FORM 990 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| Form 990, Part VI, Section B, line 12c | EACH INTERESTED PERSON MUST DISCLOSE POSSIBLE OR ACTUAL CONFLICT OF INTEREST AFTER DISCLOSURE, THE BOARD SHALL DECIDE IF A CONFLICT EXISTS IF A CONFLICT DOES EXIST, THE BOARD WILL DETERMINE IF THE TRANSACTION CAUSING THE CONFLICT COULD BE AVOIDED BY STRUCTURING THE TRANSACTION WITH A PARTY THAT IS NOT AN INTERESTED PARTY IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD WILL VOTE ON WHETHER THE TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>   |
|---------------------------------------|--|
| Form 990, Part VI, Section C, line 19 | IT IS THE ORGANIZATION'S POLICY TO FULLY COMPLY WITH ALL FEDERAL AND STATE DISCLOSURE REQUIREMENTS RELATING TO IRS FORMS THE ORGANIZATION WILL FULFILL REQUESTS FOR APPLICABLE FORMS IN ACCORDANCE WITH THE PUBLIC DISCLOSURE REQUIREMENTS GOVERNING DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE RULES WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE OTHERWISE, THE DOCUMENTS WILL BE PROVIDED AT THE DISCRETION OF THE PRESIDENT OF THE ORGANIZATION AFTER CONSULTATION WITH PROFESSIONAL ADVISERS |